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Yemen Country Office Humanitarian Situation Report



Reporting Period: 1 - 31 March 2020

Highlights

- Between 1-18 March, over 1,750 families were displaced from Al Jawf and Marib. UNICEF provided Rapid Response Mechanism kits to 70,263 people and multi-purpose cash assistance to 50,918 people to meet their most critical immediate needs during the displacement.
- The United Nations Country Task Force on Monitoring and Reporting verified 16 incidents of grave violations against children. A total of 3 children were killed and 12 children were maimed by various parties to the conflict. One boy reportedly has been abducted.
- 31,913 Acute Watery Disease(AWD)/Cholera suspected cases with 6 associated deaths (0.02 case fatality rate) were reported in March. UNICEF treated 7,342 suspected cases through support to 245 Oral Rehydration Centres (ORCs) and 65 Diarrhoea Treatment Centres (DTCs) in 18 governorates.
- While there are no official COVID-19 confirmed cases in Yemen as at end of March, UNICEF has prepared preventative and response activities alongside regular programmes. COVID-19 is further challenging the implementation of UNICEF programmes in Yemen due to restrictive measures imposed by the local authorities. These impact for example, humanitarian access and reach of certain communities.

Situation in Numbers



12.2 million
children in need of
humanitarian assistance

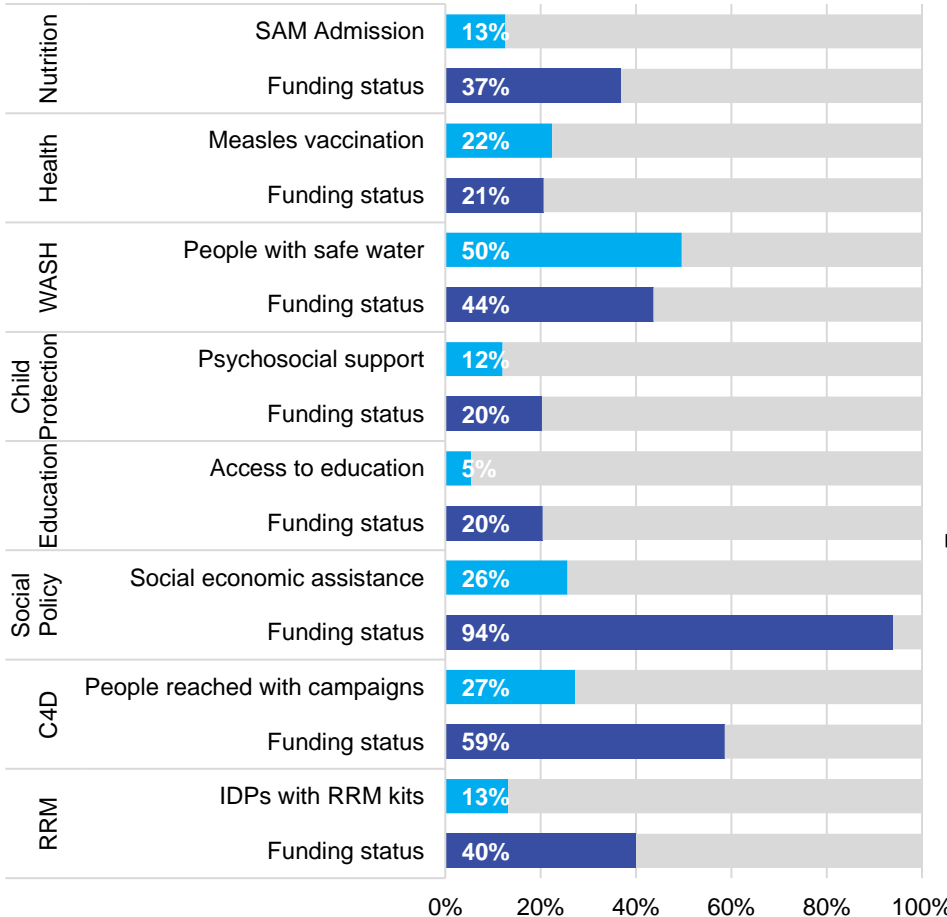


24 million
people in need
(OCHA, 2020 Global Humanitarian
Overview)



1.71 million
children internally displaced
(IDPs)

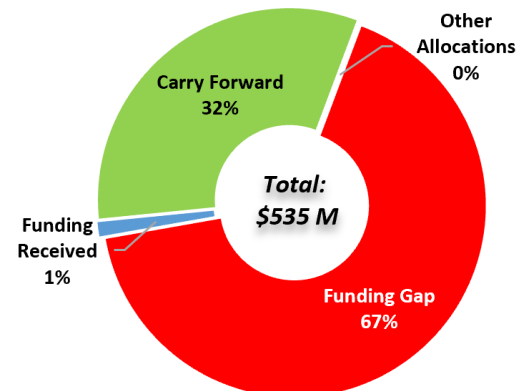
UNICEF's Response and Funding Status



UNICEF Appeal 2020
US\$ 535 million

Funding Available*
\$179 million

Overall 2020 Funding Status



* Fund available includes funding received for the current appeal (emergency and other resources), the carry forward from the previous year and additional funding which is not emergency specific but will partially contribute towards 2020 HPM results.

*Response indicators represent only parts of section activities, while funding status represent the sections' entire funding level. While Social Policy, Communication for Development (C4D), and Rapid Response Mechanism (RRM) have more than 40 per cent of its funding requirements to implement Humanitarian Action for Children (HAC) activities, the most of available funding was carry-forwarded from the 2019 HAC funding.

Funding Overview and Partnerships

UNICEF appealed for \$535 million as part of the 2020 Yemen Humanitarian Action for Children (HAC), which is aligned to the 2019 Yemen Humanitarian Response Plan (YHRP). In March 2020, UNICEF received \$3.7 million in generous contributions towards the HAC from Japan and the UNICEF National Committees of the United States, Germany, Denmark, and Finland.

UNICEF wishes to express its sincere gratitude to all donors for their contributions and pledges, which continues to make the 2020 response possible. In addition to the resource mobilized, UNICEF has \$173 million of carried forward funds from grants received in 2019. Nevertheless, UNICEF Yemen faces a funding gap of \$356 million in 2020 (67 per cent of the funding requirements).

As part of continuing efforts to strengthen risk prevention and management measures, UNICEF conducted an office audit¹ for the period January 2017 and March 2019. As a result, UNICEF is actively implementing a series of risk mitigation measures to effectively deliver for children in a highly challenging and complex environment.

Situation Overview & Humanitarian Needs

The humanitarian crisis in Yemen entered its sixth year in March, and heavy fighting continued throughout the month on the Al Jawf - Marib fronts. According to the International Organization for Migration, over 1,750 families were displaced from Al Jawf and Raghwan district in Marib between 1 - 18 March². In March, the United Nations Country Task Force on Monitoring and Reporting (UN-CTFMR) documented 18 incidents of grave violations against children in Al Hudaydah and Taizz, of which 16 incidents were verified. UN-CTFMR continues to collect information in order to verify the remaining two incidents. These verified incidents included 3 children killed (1 girl and 2 boys), 12 children were maimed (2 girls and 10 boys), by various parties to the conflict, and one boy was abducted. The decrease in child casualties can be attributed to the increased difficulty in reporting, as a result of the COVID-19 precautionary measures related to the restriction of movement.

The COVID-19 suppression measures imposed by the authorities in Yemen have a significant impact on UNICEF programme and operations. Schools and child friendly spaces have been closed. Attendance, admissions, and referrals in health nutrition programmes have decreased. Challenges appear in the replenishing of supplies, as movement is restricted. Additionally, all social, public events, including workshops, trainings, and events, have been suspended. The COVID-19 suppression measures have slowed down the implementation of all UNICEF programmes. The restrictions in movement that were imposed by the authorities since mid-March have affected the procurement and distribution of supplies.

The monitoring of ongoing activities by both UNICEF and Third-Party Monitors is also on hold in several locations. Off-shore procurement is delayed, thereby causing delays in the completion of projects requiring supplies from abroad. Both internal in UNICEF, as well as implementing partners (Government and NGOs), efforts and energy are directed towards COVID-19 response. The focus is on implementing precautionary measures to ensure the safety of their staff and to prepare for a potential outbreak. Local authorities have made requests to divert current programme resources to respond to COVID-19. UNICEF is continuing to monitor the situation as well as advocating for regular programmes implementation as they complement preparedness and response against COVID-19.

There are no official cases of COVID-19 reported in Yemen as at end-March. Nevertheless, UNICEF developed a COVID-19 preparedness and response plan. The overall aim of the UNICEF strategy in support of the National Plan is: strengthening risk communication and community engagement including digital engagement and rumour monitoring; providing critical medical, prevention and WASH supplies along with improved WASH services; supporting the provision of continued access to essential health care services for women, children, and vulnerable communities, including case management; and access to continuous education, social protection, child protection, and gender-based violence (GBV) services. The response plan focuses on the immediate priority measures that must be undertaken to ensure preparedness and/or response actions to address a COVID-19 outbreak in Yemen. The plan builds on the World Health Organization (WHO)-led National Preparedness and Response Plan and considers lessons learned from other affected countries.

¹ Internal Audit of the Yemen Country Office, October 2019. https://www.unicef.org/auditandinvestigation/files/2019_oiai_yemen_country_office.pdf

² IOM Yemen. Displacement in Marib. 18 March 2020. <https://www.iom.int/sitreps/yemen-displacement-marib-18-march-2020>

On 24 and 25 March, heavy rains hit southern Yemen, resulting in floods affecting Lahj, Aden, Abyan, Taizz, Al Dhale'e, Al Mahrah, and Hadramaut. Torrential rains caused floods and destroyed houses, roads, bridges, water networks, crops, and livestock, especially in Aden and Hadramaut. At least 4,625 families in 60 internally displaced person (IDP) sites were affected³.

There were 31,913 Acute Watery Disease (AWD)/Cholera suspected cases with 6 associated deaths (0.02 case fatality rate [CFR]) in March. A total of 212 out of 333 districts across the country reported suspected cases. 100,309 AWD/ suspected cholera cases and 25 associated deaths (0.02 CFR) were recorded between January - March 2020. The suspected cases and associated deaths significantly decreased, compared to the same period of 2019 that had 162,499 suspected cases and 341 associated deaths (0.21 CFR). This may be due to the delayed rainy season and the increase and improvement of hygiene awareness and practices, including frequent hand washing.

Summary Analysis of Programme Response

AWD/Cholera Response

UNICEF continued to support 245 Oral Rehydration Centres (ORCs) (52 per cent of total ORCs) and 65 Diarrhoea Treatment Centres (DTCs) (25 per cent of total DTCs) in 201 districts in 18 governorates. In March, over 7,342 AWD cases or 23 per cent of national caseload (31,913) were treated in those ORCs/DTCs. The total suspected AWD/cholera cases across the country have decreased since the first week in February 2020. The districts with the highest number of reported suspected cases were Salh (332), Al Hali (212), Al Tai'ziyah (200), Az Zuhrah (156), and Hamdan (148). The children under five represent 23 per cent of the total reported cases.

To prevent the spread of AWD/cholera suspected cases, WASH cholera rapid response teams (RRTs) reached over 83,000 people in AWD/cholera affected areas in ten governorates⁴. RRTs conducted household chlorination campaigns, provided chlorination tablets and consumable hygiene kits, and conducted hygiene awareness sessions to establish a firewall at the household level. UNICEF continued to support the operation and maintenance of the Waste Water Treatment Plants and solid waste management, benefiting approximately 1.4 million people in high-risk AWD/cholera locations in Aden, Al Hudaydah, Ibb, Marib and Amanat Al Asimah. UNICEF provided fuel, electricity, spare parts, alternative energy options, and emergency maintenance to operate sewage systems.

As part of the integrated cholera response, community volunteers reached 199,979 people with AWD/cholera prevention messages. The messages were conveyed through 27,564 home visits, 60 mosque events, 1,252 community meetings, 100 drama shows, 120 mother-to-mother club meetings, 98 awareness sessions in health facilities, and 200 sessions in schools across various governorates.

Health and Nutrition

Although there are no reported cases as at end-March, UNICEF developed a COVID-19 preparedness and response plan, which includes the provision of personal protective equipment (PPE), infection prevention and control (IPC), and communication for development (C4D) interventions. UNICEF, WHO, and the Ministry of Health (MoH) jointly completed forecasting the procurement and distribution of PPE. UNICEF is procuring and prepositioning supplies, including PPE and ventilators, at ten isolation centers in ten governorates⁵. UNICEF and WHO developed and adopted modules and guidelines to train health workers on the protocol of IPC and case management to respond against COVID-19. In addition, UNICEF supported orientation sessions on PPE and IPC for health workers and provided COVID-19 protective supplies to health workers who interact with patients and are at risk of infection.

UNICEF also supported the Ministry of Population and Public Health (MoPHP) to ensure the continuation of routine immunization services at 2,500 primary health care facilities, 18 hospitals, and communities amid the COVID-19 pandemic. In

³ UNOCHA. Yemen: Plush Foods in southern governorates - Flash Update No.1 (As of 31 March 2020).

<https://reliefweb.int/sites/reliefweb.int/files/resources/Flood%20Update%2031%20March%20-Final.pdf>

⁴ Al Bayda, Al Hudaydah, Al Jawf, Al Mahwit, Hajjah, Ibb, Marib, Raymah, Amanat Al Asimah, and Taizz.

⁵ Hadramaut, Ibb, Dhamar, Taizz, Hajjah, Al Hudaydah, Raymah, Sa'ada, Al Jawaf, and Al Mahwit.

March, 71,365 children and 64,785 children under one year old were vaccinated with the third dose of Penta, and Measles, and Rubella, respectively. These interventions are expected to be declined, as beneficiaries may avoid visiting health facilities to keep social and physical distancing. 48,939 women of childbearing age (15 - 49 years) were vaccinated against Tetanus and Diphtheria. UNICEF continued to strengthen the immunization supply chain in the country by delivering 230 units of Solar Direct Drive (SDD) fridges to the MoPHP. To improve the vaccine storage capacity, UNICEF supported the distribution and installation of another 85 SDDs to facilities in Al Hudaydah, Taizz, Sana'a, Amran, Dhamar, and Al Mahwit, as well as delivery of 2,200 cold boxes, 8,420 vaccine carriers, 5,200 data loggers, and 25,000 ice packs.

Due to the COVID-19 suppression measures imposed by the local authorities, UNICEF rescheduled the Polio vaccination and Maternal Neonatal Tetanus Elimination (MNTE) campaigns, and Integrated Outreach Rounds of vaccination campaigns. This rescheduling could lead to a risk of the vaccines expiring. A total of 450,000 women of childbearing age and 860,000 children under five are likely to miss the MNTE and polio vaccination planned in the Southern country. Also, the delivery of vaccines and 273 SDD fridges shipment from off-shore has been postponed/delayed that may cause for vaccines to be out of stock in the country.



©UNICEF Yemen/2020. A girl is being screened for malnutrition by a mobile health team in Hajjah.

UNICEF and partners continued to support the scale-up of the integrated Community Management of Acute Malnutrition programme. In March, 323,666 children under five were screened for malnutrition, out of which 19,607 children with severe acute malnutrition (SAM) were admitted for treatment. To prevent malnutrition, 35,022 children received deworming tablets. In 2019, 129,942 children received micronutrient sprinkles, which provide significantly improved dietary quality of complementary food for children. UNICEF supported to provide infant and young children consultations for 303,275 mothers to adopt optimal feeding practices stressing that proper feeding of infants and young children can increase their chances of survival.

In March, UNICEF and the Humanitarian Coordinator continued to advocate for the clearance of conducting SMART surveys in northern governorates before Ramadan, by having a meeting with the Supreme Council for Management and Coordination of Humanitarian Affairs and International Cooperation. This was followed by SMART Steering Committee meetings. Both meetings assurance was given that clearance would be made available for the SMART surveys in advance of Ramadan. However, as of end-March, the clearance had not been obtained. The Food Security and Livelihood Assessment survey with mid-upper arm circumference has continued in the northern part of the country.

Nutrition Cluster members - UNICEF, WHO, and WFP conducted the planning of nutrition preparedness and responses against COVID-19.

Water, Sanitation and Hygiene

UNICEF supported local authority COVID-19 suppression measures at the points of entry in the North with infection prevention and control activities. UNICEF supported over 4,000 returnee migrants from the Kingdom of Saudi Arabia in 27 quarantine centers in 6 governorates in March. UNICEF, through General Authority for Rural Water Supply Programme-Emergency Unit (GARWASP EU), provided water trucking, installed sanitation facilities, installed water tanks, and provided hygiene supplies to the returnees.

UNICEF continued to ensure the provision of safe drinking water to communities by supporting the operation and maintenance of the water supply systems both in major cities and rural areas in seven governorates⁶. UNICEF provided fuel, electricity, spare parts, and alternative energy. Two million people, including IDPs and host community members, accessed

⁶ Al Bayda, Al Hudaydah, Amran, Dhamar, Ibb, Amanat Al Asimah and Marib

clean water through the UNICEF's support to the water supply system. Additionally, 1 million people gained access to clean water through the UNICEF's support to the water quality monitoring, disinfection of bulk water supplies, and water tanks chlorination.

UNICEF provided emergency water trucking, constructed emergency latrines, distributed hygiene kits, and promoted good hygiene practices to 130,000 IDPs in Al Dhale'e, Aden, Al Hudaydah, Hajjah, Ibb, Lahj, Marib, and Taizz.

The WASH Cluster responded to floods in Aden and Lahj, especially in severely affected IDP sites. WASH partners rapidly de-watered stagnant water and dislodged refuse pits for an estimated 1,400 households. WASH Cluster activated the COVID-19 Core WASH Group of experts to develop the strategy and technical guidance on COVID-19 preparedness and responses

Two joint Health and WASH Cholera workshops were conducted in Aden and Sana'a to review the responses and lessons learned from 2019 and make recommendations and design strategy for 2020, jointly with the MoPHP, the Ministry of Water and Environment, and partners.

Child Protection

Child protection activities in Yemen slowed down due to the threat of and COVID-19 suppression measures imposed by local authorities. Psychosocial support (PSS) at health centres, mobile PSS, case management, victim assistance, and mine risk education (MRE) through community campaigns continued across the country with 20 per cent of the capacity of partners to provide the interventions due to COVID-19 suppression measures. UNICEF activities focused on preparedness measures to protect beneficiaries in the event of an outbreak.



©UNICEF Yemen/2019. A displaced mother with her children is reading a leaflet prepared by UNICEF highlighting the main messages on identifying, dealing and avoiding mines and unexploded ordnances.

UNICEF continued to provide life-saving education on the risks posed by mines, unexploded ordnances, and explosive remnants of war. UNICEF provided MRE to 17,458 people⁷. Mine risk education was provided at schools, child-friendly spaces and through community campaigns in Al Hudaydah and Taizz.

To help conflict-affected people and address the immediate and long-term consequences of their exposure to violence, UNICEF provided PSS to 14,979 people⁸. PSS was provided via a network of fixed and mobile child-friendly spaces in 12 governorates.

UNICEF continued to support the systems strengthening programme of child protection. UNICEF provided critical child protection services through referrals to life-saving protection and medical services for conflict-affected children. Trained case managers identified 1,156 children (451 girls and 705 boys) who need critical child protection services. Of those children who were identified in March and the previous months, 1,243 children (496 girls and 747 boys)⁹ received critical child protection services, including victim assistance, individual counseling, family tracing and reunification services, economic empowerment and livelihood support, legal support, education services, birth certificates, and medical services.

Education

Schooling in Yemen has been suspended since 15 March as a precautionary measure to avoid the spread of COVID-19 pandemic among students and their communities. Exams in the northern governorates have also been postponed. Teachers in 11 governorates continued to be unpaid, while a teachers' strike in Aden is ongoing since January. Damaged schools and

⁷ 10,058 children (4,383 girls and 5,675 boys) and 7,400 caregivers (3,659 females and 3,741 males)

⁸ 10,383 children (4,692 girls and 5,691 boys) and 4,596 adults (3,377 females and 1,219 males)

⁹ Victim assistance for 34 children (15 girls and 19 boys), individual counselling for 573 children (227 girls and 346 boys), family tracing for 100 children (36 girls and 64 boys), family reunification for 57 children (24 girls and 33 boys), economic empowerment and livelihood support for 75 children (33 girls and 42 boys), legal support for 23 children (7 girls and 16 boys), education services for 172 children (73 girls and 99 boys), birth certificates for 61 children (29 girls and 32 boys), and medical services for 148 children (52 girls and 96 boys).

shortages in financial resources to operate schools continue to deteriorate the education system and hamper children to access schools.

In March, UNICEF and the Education Cluster worked closely with education authorities to fundraise and develop a plan to respond to the suspension of schools through distance learning and alternative learning opportunities. Additionally, UNICEF provided 70 school-in-a-box for 2,800 children, 45 recreational kits for 1,800 children) and 40,000 school bag kits in Abyan and Taizz. Construction activities are ongoing to rehabilitate over 900 affected schools or WASH facilities in schools for over 300,000 students in 20 governorates.

Social Inclusion

On 4 March, UNICEF held a Social Protection Consultative Meeting in Sana'a. The Minister of Social Affairs and Labour, the Ministry of Planning and International Cooperation, the Social Protection Consultative Committee members, and other partners participated in the meeting to initiate the discussion to develop a national social protection roadmap. UNICEF planned to hold a similar meeting in Aden; however, it was postponed due to the COVID-19 precautionary measures. The outcome of the two meetings will develop the guiding principles of the national social protection roadmap.

UNICEF launched the Cash Plus second phase in Al Tahrir and Al-Safia districts of Amant Al Asimah, and Sanhan and Hamadan districts of Sana'a. A needs assessment and case referral process were conducted for 13,818 individuals. All those identified beneficiaries received Iodine testing services, educational messages on COVID-19 prevention, health and nutrition services, and MUAC measurements for children and pregnant and lactating women. 1,225 children were referred to obtain birth certificates. 55 children and 40 pregnant and lactating women, including one cholera suspected case, were referred to health and nutrition centers.

As part of the scaled-up IMSEA project, UNICEF completed a Vulnerability Need Assessment in Aden. The VNA assessed the vulnerability and needs of 7,783 marginalized households, who are slum dwellers, to determine appropriate interventions for those vulnerable communities. The VNA found that only 71 per cent of households have access to safe drinking water, and the literacy rate of people above 10 is 49 per cent.

Communication for Development

For the preparedness and response against COVID-19, UNICEF, in partnership with WHO, the MoPHP's Health Education Centre, other government counterparts, and NGO partners, developed a Risk Communication and Community Engagement (RCCE) strategy. The draft COVID-19 RCCE strategy provides a system for responding to community concerns and information needs on COVID-19 through telephone-based hotlines, and radio phone-in programmes, which also serve as a phone-compliant rumor tracking tool. About 10,000 people shared their concerns and inquiries on COVID-19 through these hotlines and community radio dialogue programmes as well as Facebook and WhatsApp groups where health experts and community volunteers responded to questions and provided information on the disease.



©UNICEF Yemen/2020. A mother-to-mother peer educator is conveying messages to promote hygiene practices to protect against COVID-19 in Aden.

UNICEF implemented interpersonal communication activities as a COVID-19 prevention action. UNICEF supported to provide orientation sessions on COVID-19 for 500 volunteers and 75 journalists, TV and radio workers, social media bloggers, and influencers. An estimated 6.6 million people received messages on the prevention of COVID-19 through a variety of social media and messaging platforms, including WhatsApp, Facebook, Twitter, and YouTube. An estimated 8 million people received COVID-19 prevention messages through mass media¹⁰.

¹⁰ Include the airing of 3 TV flashes, 6 radio flashes as well as well as broadcasting of 24 TV programmes and 33 Radio programmes aired through 14 TV channels and 30 radio stations across the country

UNICEF supported the development and dissemination of a variety of communication materials, including posters, leaflets, and stickers, on COVID-19 symptoms, and prevention and care practices in public places. To ensure that marginalized people and people in IDP camps receive messages on COVID-19, UNICEF supported the distribution of COVID-19 communication materials during the seventh payment of the Emergency Cash Transfer programme to all beneficiaries. In Sana'a, Aden, Ibb, and Taizz, 331,461 people received COVID-19 messages through 46,000 house-to-house visits by volunteers in March.

The Dengue Fever response continued in March, targeting the most affected governorates, Al Hudaydah and Hajjah. Community volunteers visited over 20,000 houses to reach 225,929 people to promote hygiene practices and eliminate the breeding sites for mosquitoes. Furthermore, school health facilitators promoted the practices to prevent and respond to Dengue Fever in 22 schools, reaching 23,460 students. 8 radio, TV flashes, and announcements on the Dengue Fever prevention were aired through 7 TV stations and 14 Radio stations. Also, an estimated 300,000 people received the messages on Dengue Fever through WhatsApp, Facebook posts, and cards. 3.5 million people received the messages through printed 100,000 leaflets and 30,000 posters during community events and 300 street banners placed in high traffic areas.

Rapid Response Mechanism

In March, UNICEF, with UNFPA and WFP, reached more than 70,263 newly displaced persons with Rapid Response Mechanism (RRM) that met their most critical immediate needs of food, family basic hygiene kits, and female dignity kits. Of them, UNICEF, with UNFPA and WFP, delivered 1,622 RRM kits to 4,176 people in 27 quarantine centers in Taizz, Sa'ada, Al Bayda, Dhamar and Sana'a, as part of the COVID-19 response plan.



©UNICEF Yemen/2020. A family in Ibb participated a community engagement session as part of RRM response.

The UNICEF RRM consortium provided multi-purpose cash assistance (MPCA) to 50,918 IDPs in Aden, Lahj, Abyan, Al Hudaydah, Hajjah, Sa'ada, and Al Dhale'e. MPCA allows displaced families the flexibility and dignity to choose how to cover their needs. UNICEF cash assistance represents 40 per cent of the total cash provided by humanitarian actors in the country. To ensure the 'do no harm' principle, consistency and continuity of the response, UNICEF consulted with other cash providers in Yemen and handed over the caseload to the new cash consortium.

UNICEF partners also provided other life-saving interventions for IDPs, to complement the provision of RRM kits and MPCA. 11,550 vulnerable IDPs received 1,650 basic hygiene kits in Aden, Lahj, Abyan, Al Hudaydah, Hajjah, Sa'ada, and Al Dhale'e. 5,096 people received non-food items kits in Al Dhale'e, Al Hudaydah, and Sa'ada. Eight families who were affected by floods received emergency shelter kits in Hajjah. As part of the scaled-up WASH interventions to respond to the risks of the cholera outbreak, UNICEF partners reached around 1,300 IDPs with latrines and basic washing facilities, which consist of latrines, basins, and showers, in Lahj, Ibb, Taizz, and Hajjah. More than 7,700 IDPs had access to safe drinking water. Hygiene promotion sessions and key messages reached more than 1,298 people in IDP camps in Lahj, Ibb, Hajjah, and Taizz. Hygiene messaging sensitized the IDP community to adequate hand-washing practices, social distancing, and other preventive measures to prevent the spread of water-borne diseases and COVID-19. Concerning the cultural and social norms, hygiene promotion sessions were conducted separately for male and female beneficiaries.

Some RRM partners continued to face access issues to reach IDPs at the frontlines due to security concerns, the disruption of the verification process on sites, and the sub-agreements denied by authorities. Access restrictions have delayed or stopped the implementation of some RRM activities.

Supply and Logistics

In March, supplies worth more than \$3.3 million with total weight and volume of 400 metric tons and 1,186 cubic meters respectively arrived in Yemen from Djibouti and Oman. The delivery was completed with two chartered air operations to

Sana'a, one chartered vessel to Al Hudaydah, and nine trucks through Shahin. In March, \$14.7 million worth of supplies was delivered from UNICEF warehouses to end-user beneficiaries.

As the airports in Yemen have closed since mid-March as a COVID-19 precautionary measure, it affected the supply movement via air. The Al Hudaydah port and the land border at Shahin are open for the supply movement with restrictions.

Humanitarian Leadership, Coordination and Strategy

The humanitarian strategy remained the same as in [the situation report for January 2020](#).

Human Interest Stories and External Media

Empowering Adolescents for the Future



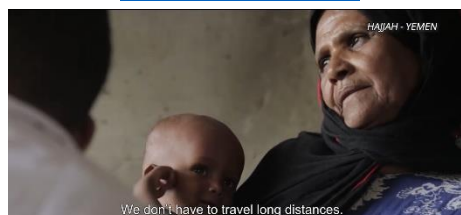
Sana'a, Yemen

There are 6.3 million adolescents (aged 10-19 years) in Yemen. As the population continues to grow over the next 30 years, it is estimated that that number will double. Adolescents require vastly different support than young children, it is a defining time in their development. In Yemen, the experience of adolescents and young people are further complicated by the ongoing humanitarian crisis. Understanding these challenges, UNICEF has embarked on a programme that aims to help adolescents, who have so much to offer Yemeni society, and provide them with opportunities to feel included and to form positive social relationships.

For the full Human Interest Story, click [here](#).

External Media

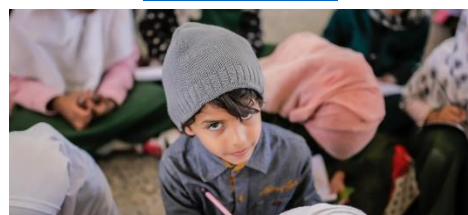
[Mobile Health Teams](#)



[Ready-to-Use Therapeutic Food](#)



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Next SitRep: 31 May 2020

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Who to contact for further information:

Bastien Vigneau
Deputy Representative
UNICEF Yemen
Sana'a
Tel: +967 712 223 150
Email: bvigneau@unicef.org

Bismarck Swangin
Chief of Communications
UNICEF Yemen
Sana'a
Tel : +967 712 223 161
Email: bswangin@unicef.org

Anne Lubell
Partnerships Specialist
UNICEF Yemen
Amman Outpost, Jordan
Tel: +962 79 835 0402
Email: alubell@unicef.org

Annex A Summary of Programme Results

2020 Programme Targets and Results	Overall Needs ¹	Cluster Response			UNICEF and IPs		
		2020 Target ¹	Total Results	Change since last report ▲ ▼	2020 Target	Total Results	Change since last report ▲ ▼
NUTRITION¹							
Number of targeted children 0-59 months with Severe Acute Malnutrition admitted to therapeutic care	No data available yet	No data available yet	43,553	19,607 ▲	331,000	41,863	19,607 ▲
Number of children under 5 given micronutrient interventions (Vitamin A)	No data available yet	No data available yet	14,434	4,289 ▲	4,400,000	13,090 ²	4,289 ▲
HEALTH							
Number of children under 1 vaccinated against measles (measles-containing vaccine) through routine immunization					700,000	156,951	64,785 ▲
Number of children under 5 vaccinated against polio					5,500,000	-	- ¹
Number of children under 5 receiving primary health care in UNICEF-supported facilities					1,700,000	558,123	175,734 ² ▲
WASH							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	No data available yet	No data available yet	4,582,349	969,406 ¹ ▲	6,800,000	3,518,858	573,756 ⁴ ▲
Number of people provided with standard hygiene kit	No data available yet	No data available yet	BHK 50,941	7,992 ² ▲	5,000,000	BHK 31,642	4,894 ⁵ ▲
			CHK 794,932	168,977 ³ ▲		CHK 658,713	103,380 ⁶ ▲
CHILD PROTECTION							
Number of children and caregivers accessing mental health and psychosocial support	No data available yet	No data available yet	106,129	15,104 ▲	874,000	104,962 ³	14,979 ▲
Number of children and community members reached with life-saving mine risk education messages ¹					2,000,000	234,501 ³	17,458 ▲
Number of children and women accessing gender-based violence response interventions ¹					200,000	1,812 ³	718 ² ▲
EDUCATION							
Number of children provided with individual learning materials	No data available yet	No data available yet	251,608	23,824 ▲	1,000,000	179,145 ¹	15,886 ▲
Number of children accessing formal and non-formal education, including early learning	No data available yet	No data available yet	124,781	13,958 ▲	820,000	44,322 ¹	1,217 ▲
Number of teachers receiving teacher incentives each month	No data available yet	No data available yet	-	-	135,000	- ²	-
SOCIAL POLICY							
Number of marginalized/excluded people benefiting from emergency and longer-term social and economic assistance (through case management)					85,000	21,810	13,818 ▲
RRM							
Number of vulnerable displaced people who receive RRM kits					1,300,000	171,420 ³	70,263 ¹ ▲
Number of vulnerable persons supported with multi-purpose cash transfer					135,000	58,751	50,918 ² ▲
C4D							

Number of people reached with key life-saving/behaviour change messages through communication for development interpersonal communication interventions		6,000,000	1,634,055	738,519 ▲
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FOOTNOTES

Overall Needs 1: Figures for needs will be provided once the 2020 Humanitarian Needs Overview for Yemen is published.

Target 1: Figures for 2020 Cluster Target will be provided once the Yemen Humanitarian Response Plans for 2020 is published.

Nutrition 1: The data collection of nutrition figures is being delayed for a month.

Nutrition 2: The immunization campaign planned for February was not materialized, representing under-achievement. UNICEF will explore ways to provide Vitamin A through other platforms.

Health 1: Due to the COVID-19 precautionary measures, UNICEF rescheduled the Polio vaccination campaign.

Health 2: The data collection for this activity was delayed. The final figures are 207,385 for January and 175,004 for February.

WASH 1: The data collection for this activity was delayed. The final figures are 2,557,287 for January and 1,055,656 for February.

WASH 2: The data was misreported for January and February. The final figures are 9,120 for January and 33,828 for February.

WASH 3: The data was misreported for January and February. The final figures are 343,035 for January and 282,920 for February.

WASH 4: The data was misreported for January and February. The final figures are 2,113,215 for January and 831,887 for February.

WASH 5: The data was misreported for January and February. The final figures are 2,303 for January and 24,445 for February.

WASH 6: The data was misreported for January and February. The final figures are 333,237 for January and 222,096 for February.

Child Protection 1: This indicator is not tracked by the Child Protection Sub-Cluster, as it is being tracked by the Protection Cluster.

Child Protection 2: The data was misreported for January and February. The final figures are 518 for January and 576 for February.

Child Protection 3: The under-achievement for the child protection activities is due to the COVID-19 suppression measures, including closure of schools and child friendly spaces, restricted movement between governorates and a ban on meetings and public gathering. This affected mobility of partners and implementation of mine risk education awareness raising campaigns in communities and schools. Both fixed and mobile psychosocial support activities were equally affected as child friendly spaces should had to be closed and public gatherings were prohibited.

Education 1: The under-achievement against these indicator is due to teachers' strike in Aden, which prevented children to continue with the education programme, as well as early closure of schools across the country as of 16 March as the COVID-19 suppression measures. An education authority requested to resume the distribution of supplies from the school year 2020/2021.

Education 2: The verification process for teachers' incentives is ongoing.

RRM 1: The data collection for this activity was delayed. The final figures are 52,346 for January and 48,811 for February.

RRM 2: The data collection for this activity was delayed. The final figures are 1,295 for January and 6,538 for February. To ensure the 'do no harm' principle, consistency and continuity of the response, UNICEF consulted with other cash providers in Yemen and handed over the caseload to the new cash consortium.

RRM 3: The under-achievement of this indicator is attributed to the fluctuating security situation at frontlines and denied sub-agreements and approval for implementing partners to implement the activity.

Annex B

Funding Status*

Funding Requirements (as defined in the revised Humanitarian Appeal of 2020 for a period of 12 months)							
Appeal Sector	2020 Requirements (\$)	Funding Received Against 2020 Appeal (\$)	Carry Forward From 2019 (\$) ***	Other Allocations Contributing Towards Results (\$)*	2020 Funds Available (\$) **	Funding Gap	
						\$	%
Nutrition	126,103,718	647,506	45,806,122	-	46,453,629	79,650,089	63%
Health	91,190,848	992,321	17,806,915	-	18,799,236	72,391,612	79%
Water, Sanitation and Hygiene	135,000,000	853,920	58,077,601	-	58,931,521	76,068,479	56%
Child Protection	42,800,150	572,007	8,099,591	-	8,671,598	34,128,552	80%
Education	110,997,852	262,496	22,398,078	-	22,660,574	88,337,278	80%
Social Policy	3,400,000	6,673	3,187,235	-	3,193,908	206,092	6%
C4D	11,730,000	23,022	6,850,650	-	6,873,672	4,856,328	41%
RRM	13,760,000	27,006	5,480,279	-	5,507,285	8,252,715	60%
Being allocated	-	3,030,989	5,028,847	-	8,059,836	- 8,059,836	-
Total	534,982,568	6,415,942	172,735,317	-	179,151,257	355,831,311	67%

*This includes additional contributions from multi-lateral organizations and other donors which are focused on system-strengthening but have emergency components and will thereby contribute towards 2020 HPM results.

**'Funds Available' as of 31 March 2020 and includes total funds received against the current appeal plus Carry Forward and Other Allocations. This amount includes 'Cross-Sectoral' costs which are vital to support programming in a high-cost operating environment such as Yemen (such as security, field operations, monitoring, communications and visibility), as well as the 'Recovery Cost' for each contribution which is retained by UNICEF Headquarters. Additional resources are also mobilized to strengthen social protection, WASH and health systems for short- and long-term needs, including those arising from humanitarian situations. This includes the Emergency Cash Transfer programme which is mitigating the impact of humanitarian and non-humanitarian shocks on communities.